## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/07/2010	Address:	Cornfield (SW) of Mill St
Case #:	<u>16F19490</u>		and Pine St. (Wabash)
County:	Wabash (85)		<del></del>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Check all th  ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water R ☐ Anhydroch ☐ Corrosiv ☐ Corrosiv	nd: Location (bedroom, kitchen, open a nat apply)  Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  ble Solvents: outdoors  Reactive Metal (Lithium):  ous Ammonia: outdoors  aloric Acid Gas Generator(s): outdoor  we Acid:  ye Base:  tern and location):		
Yes No *If yes, fax rep  This report Fire Departs Health Departs	er age 18 discovered (check one) (number present)  port to Child Protective Services  is to be faxed to the following agent ment: Wabash Fire Dept.  artment: Wabash Co.  ction Service: N/A	Ephedring Retail/Me Other:	ocation: 563-3521
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>T.J. Zeiser</u> Phone (765) 473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.